

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AD</i>	<i>2242</i>	<i>3/5/00</i>
O.I.P.E. CLASSIFIER	<i>RED</i>		<i>3/5/00</i>
FORMALITY REVIEW	<i>RFZ</i>	<i>88518</i>	<i>5/30/2000</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/2/01
2	✓	✓	8/15/01
3	✓	✓	8/15/01
4	✓	✓	8/15/01
5	✓	✓	8/15/01
6	✓	✓	8/15/01
7	✓	✓	8/15/01
8	✓	✓	8/15/01
9	✓	✓	8/15/01
10	✓	✓	8/15/01
11	✓	✓	8/15/01
12	✓	✓	8/15/01
13	✓	✓	8/15/01
14	✓	✓	8/15/01
15	✓	✓	8/15/01
16	✓	✓	8/15/01
17	✓	✓	8/15/01
18	✓	✓	8/15/01
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44	✓	✓	8/15/01
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46	✓	✓	8/15/01
47	✓	✓	8/15/01
48	✓	✓	8/15/01
49	✓	✓	8/15/01
50	✓	✓	8/15/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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